

Quarterly Site Compliance Evaluation/Inspection

Name of Qualified Inspector(s)
Completing Evaluation/Inspection:

Date: _____

Date: _____

Are industrial materials, residue, or trash on the ground?

Yes ☐

No ☐

If yes, state corrective action _____

Date corrective action was completed _____

Are there any leaks or spills from industrial equipment, drums, barrels, tanks or containers onsite?

Yes ☐

No ☐

If yes, state corrective action _____

Date corrective action was completed _____

Is there offsite tracking of industrial materials or sediment where vehicles enter or exit the site?

Yes ☐

No ☐

If yes, state corrective action _____

Date corrective action was completed _____

Is there blowing or whirling of raw, final, or waste materials?

Yes ☐

No ☐

If yes, state corrective action _____

Date corrective action was completed _____

Are all stormwater BMPs identified in the SWPP operating correctly? **Yes** ☐ **No** ☐

If no, state corrective action _____

Date corrective action was completed _____

Are additional BMPs required for potential pollutants or an industrial activity **Yes** ☐ **No** ☐
If yes document & update SWPPP

If yes, state corrective action _____

Date corrective action was completed _____

Are there signs of erosion in stormwater conveyances or at outfalls? **Yes** ☐ **No** ☐

If yes, state corrective action _____

Date corrective action was completed _____

Evidence of industrial material, residue, trash or sediment in stormwater conveyance? **Yes** ☐ **No** ☐

If yes, state corrective action _____

Date corrective action was completed _____

Has industrial activity been added or the site expanded? **Yes** ☐ **No** ☐
If yes, document in SWPPP & on site map

If yes, state corrective action or additional BMPs required _____

Date corrective action or BMPs implemented _____

Have the locations of any of the potential pollutants or material storage changed? **Yes** ☐ **No** ☐

If yes, state corrective action or additional BMPs required _____

If yes, document in the SWPPP & on site map _____

Are there any non-stormwater discharges? **Yes** ☐ **No** ☐

If yes, what are they? _____

Are the non-stormwater discharges authorized under the MSGP? **Yes** ☐ **No** ☐

If no, have all the outfalls been inspected for unauthorized non-stormwater discharges? **Yes** ☐ **No** ☐

State corrective actions for all unauthorized non-stormwater discharges. _____

Are any modifications required to be made to the SWPPP or Site Map(s) ☐ No modification required
☐ SWPPP requires modification
☐ Map(s) require modification

All required changes have been made to the Plan Date: _____ Initials: _____

All required changes have been made to the Site Map(s) Date: _____ Initials: _____

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowingly violating the law.

Authorized Signature: _____

Date: _____